09/60/644

Approved for use through 7/31/2006, OMB 0651-003

	PA	TENT APP	LUXII.	N FEE DET	CLIMITAL	ON	RECORD	formation urto	1	tate a valid OMB culion of Dacket h	control number	
APPLICATION AS FILED - PART I (CELIFIC 1) PART I (CELIFIC 1) SMALL ENTITY									OR	OR SMALL ENTITY		
FOR		10	HANGER FILED		MAMBER EXTRA		RATE (5) FEE (5)		1	RATE (5)	FEE (8)	
BASIC FEE (SP CFR 1.16(m), (S), m (cp)		(42)						<del> ,</del> -	1 .		-FEE (8)	
SEARCH FEE OF CFR L MOL (), or (mil)		)=()				1			1		<u> </u>	
EXAMPLATION FEE OF OFR 1.16(4, 64, or 107)				1			•		1			
TOTAL CLAIMS OT CFR 1.18(9)			elen.	<b>.</b> .		1	x		1_	1.		
PROEPENDENT CLAMS		UMS -				1		<del> </del>	OR	× •	<del> </del>	
ग <del>द</del> ार	1.1800)	—   <sub>#   Ta</sub> .	ff the specification and drawings exceed 100			ı	X	\ <u>\</u> _	Į	× •		
Œ	ATION SIZE	sheets is 825 eddillo	sheets of paper, the application size for the is-8250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
MATTPLE DEPENDENT CLAM PRESENT PT CFR LINGS										<del></del>		
If the difference in column 1 is less than 2000, enter 'V' in column 2.						• •	TOTAĻ			TOTAL		
(Cohem 2) (Cohem 3)						/C	SMALL	ENTITY	QR.	OTHER SMALL		
		REMAINING AFTER AMENDMEN	,	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (II)	ADDI- TIONAL FEE (\$)		RATE(3)	ADDI- TIONAL FEE (S)	
Z -	Total O'R LIMPS	30	Minus	L 37			×		aR	x •		
9 B	Chi mide.	3	Minus	- K			<u> </u>	1				
1	Application Size Fee (37 CFR 1.1		L16(n))		1	lł	<u> </u>	+	OR .	<del>*  </del>		
₹	RIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (137 CFR 1,180))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADDL FEE		
		(Column 1)		(Column 2)	(Column 3)				,			
2		CLAIMS REMANING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (5)	ADOI- TIONAL FEE (3)		RATE (S)	ADDI- TIONAL FEE (8)	
E 070	Total cyne, rec	•	Man	-	•	lſ	X •		OR	х =		
<u> </u>	merderd CHI LINDS	<del></del>	Minus		4		x =		OR	x -		
An	Application State Feet (37/CFR 1,18(s))											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (BF CFR 1.10E)									OR	•		
		·	<del></del>			_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	re Täghest h re Täghest N	hasber Previous Iumber Previous	dy Paid For ty Paid For	y in column 2, wd IN THES SPACE IN THES SPACE Total or independ	is less than 20, is less than 3, or	oria der	<b>3</b> .					

The regimen number Previously Pase For (come or independent) is the ingrided number found in the appropriate both in column 1.
This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to like (and by the USPTO to process) an applicable. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 infrusion to complete, including gathering, preparing, and submitting the complete depolation form to the USPTO. Then will very depending upon the includest case. Any comments on the amount of form your require to other facilities for middly suggested one for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Taidement Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents; P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.